

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7683**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 335

1. PLACE OF DEATH a. COUNTY <b>BUCHANAN</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BUCHANAN</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST JOSEPH</b>		c. LENGTH OF STAY (In this place) <b>60 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST JOSEPH</b>		217
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Waggoner Nursing Home</b>			d. STREET ADDRESS (If rural, give location) <b>5211 SWIFT AVE</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b>		b. (Middle)	c. (Last) <b>CULBERSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 2, 1950</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWER</b>	8. DATE OF BIRTH <b>About 1862</b>	9. AGE (In years last birthday) <b>87</b>	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED STATIONARY ENGINEER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>UNKNOWN</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>SOPHIA CULBERSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>LAWRENCE WICKHAM 5508 SO. 4TH ST.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>Arterio sclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Pericious Anemia</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 days</b>  <b>381X</b> <b>known</b> <b>6 mo.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 29, 1949</u> , to <u>3.7, 1950</u> , that I last saw the deceased alive on <u>2.18, 1950</u> , and that death occurred at <u>11:45P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <b>E. J. Grant M.D. St. Joseph Mo</b> (Degree or title)			23b. ADDRESS		23c. DATE SIGNED <b>3.3.50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3/4, 50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST JOSEPH MO.</b>		
DATE REC'D BY LOCAL REG <b>Mar. 23, 1950</b>	REGISTRAR'S SIGNATURE <b>H. B. Jenkins</b> 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Emile C. Clark 120 Illinois Ave.</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Earl A. Clark \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4235 \_\_\_\_\_

P. O. Address St. Joseph Mo. \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.